



**CENTERS FOR DISEASE™
CONTROL AND PREVENTION**

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Evaluation Context

- CDC – Program Evaluation and Accountability for BT Preparedness and Response State Cooperative Agreements
- State Perspective (ASTHO – BTAIP)
- CPHP-Program Evaluation and Accountability
 - ASPH – A-CPHP Framework
 - Specialty and Advance Practice - CPHP

Focus G

Education and Training (2002)

- Critical Capacity-ensure the delivery of education and training to public health and other key health care professionals
- Enhanced Capacity-ensure surge capacity for public health emergency response
- Enhance Capacity-provide systematic evaluation of effectiveness through exercises and drills

Mid Year Progress Report

- Is structure in place to ensure the delivery of appropriate training for key health professionals?
- Has a timeline been established for the assessment of training needs-with special emphasis on ER personnel, infectious disease specialists, public health staff and other healthcare providers
 - When will assessment be completed?

Outcome Roadmap

BT Program Guidance – Logic Model

- Activities: actions undertaken by a program and staff
- Outputs: tangible products of activities
- Effects: result of organization activity; change (outside the organization) that results from outputs/activities
- Outcome: most distal or long term effect

Desired Effects of Public Health Preparedness Training

Intermediate Effect

Strong and consensual commitments are demonstrated for all aspects of training, including the identification of training needs, the identification of training gaps, and the development of a comprehensive training plan

Data source(s): needs assessment; training plan

Desired Effects of Public Health Preparedness Training

Intermediate Effect

All training assets in the community are aligned such that training is coordinated, comprehensive, and consistent with the response plan

Data source(s): Training plan, records, etc

Desired Effects of Public Health Preparedness Training

Desired Outcome

Public Health workers and community response partners are able to perform their functional roles as defined in state/jurisdiction emergency response plan for public health emergencies, including terrorism

Data sources: role-based exercises/drills

The Bottom Line for CDC-Focus Area G

- Performance, performance, performance
- Education/training is a strategy to achieve readiness
- Critical elements: emergency response plan, core capacities; integrated training plan and partnerships must be in place
- ROI –improved performance in day-to-day public health practice

Examples of Measurements for Focus Area G

- Status of assessment activity
- Identification of training priorities
- Scope of partnerships
- Capacity to evaluate training effectiveness
- Status of exercises and drills
 - Number/type/participants
 - Jurisdictions/populations covered

What is BTAIP?

- BTAIP = Bioterrorism Accountability Indicators Project
- ASTHO, with affiliate partners, NACCHO and CDC

BTAIP

- BTAIP will enable states to:
 - Quantify progress in preparedness
 - Communicate with various publics about preparedness efforts
 - Develop an aggregate national picture of state-based efforts

BTAIP

- BTAIP is NOT
 - Assessment
 - Evaluation
 - Contract monitoring

BTAIP

■ ASTHO is:

- Designing a data collection instrument for states to assess progress in building critical capacity (BTAIP)
- Developing reports from the database to answer key questions of public policymakers and the public

Capacity Development Progress Continuum

- Early development: just started
- Mid-development: progress on critical capacity
- Mature development: near completion
- Completed development: critical capacity achieved
- Advanced development: critical capacity met and work begun on enhanced capacities



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